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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

*None Dm*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None Dm*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 4
Verified and Acknowledged Examiner's Signature <i>D. Malamud</i>	Allowance Initials				

## ADDRESS

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## TITLE

Differentiation of central sleep apnea and obstructive sleep apnea using an implantable cardiac device

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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